								j	Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									10-794150				
										10 1819130			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL I	ENTITY	OF.		R TḤAN ENTITY	
TOTAL CLAIMS			フ		;			RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			12 minus 20=		•			XS 9=	•	OR	X\$18=	·	
INDEPENDENT CLAIMS				inus 3 =				X43=		OR	X86=		
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=	·	OR	÷290=	290	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1060	
CLAIMS AS AMENDED - PART II										•	OTHER		
_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							SMALL	ENTITY	OR	SMALL		
AMENDMENT A	·	REMAINING AFTER AMENDMENT		NUME PREVIO	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 8	Minus	- 1	10	=		XS 9=		OR	XS18=		
AME	Independent	· 2)	Minus	SENDENT.	<u>3.</u>	=		X43=		OR	X86=		
Ш	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	·	
							L	TOTAL	•		TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)								DU11. FEE			ADDN. FEET	·	
AMENDMENT B	CLAIMS REMAINING		HIĞ		EST		٦г		ADDI-) [ADDI-	
		AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	**		ŧ		XS 9=		ОЯ	X\$18=		
AME	Incependent	- NTATION OF MU	Minus	ENDENT	C: A114	-		X43=		OR	X86= .		
	TROTFACOL	TOTAL OF MIC	CITY CE DEF	FIADEIAL	CLATIVI			+145=		OR	+290=	·	
								TOTAL DOIT, FEE		OR ,	TOTAL		
		(Column 1)		. (Colum	n 2)	(Column 3)	. A	JU11. FEE		•	NODIT. FEE		
	`	CLAIMS		HIGHE	ST.			•	ADDI-	Г		400)	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	JSLY .	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
≥	Total	•	Minus	**		= .	Γ	X\$ 9=		OR	X\$18=		
AE I	Independent		Minus	ess.		a .	r	X43=			X86=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=		
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **ADDIT. FEE										OR A	TOTAL ODIT. FEE		
• T	he 'Highest Num	noer Previously Paid ber Previously Paid	E POP IN THIS	SPACE is Independen	less that it) is the	i 3, enter "3." highest number	found	in the ap	propriate box				